

Dr Kim Cheung

Inspection report


33 Fobbing Road,
Corringham,
Stanford Le Hope
SS17 9BG
Tel: 01375643000

Date of inspection visit: 14 August 2018
Date of publication: 22/10/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as Inadequate. (This practice was inspected in December 2014 and rated as good overall. We then carried out a further comprehensive inspection in January 2018 where the practice was rated as inadequate and placed into special measures. As a result of the findings at this inspection, we issued the provider with a warning notice to make improvements. We then carried out a focused follow up inspection in June 2018 to check that the improvements had been made. This inspection was not rated.)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Kim Cheung on 14 August 2018. We carried out a comprehensive inspection as part of our inspection programme under Section 60 of the Health and Social Care Act 2008 to follow up on risks identified from our previous inspections. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- Some areas of improvements were noted since the January 2018 and June 2018 inspections. However, we found multiple repeat breaches of regulation that had not been adequately dealt with, since the lead GP had been absent from the practice from May 2018.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Unverified quality and outcome framework data showed the practice had positive clinical outcomes for their patients and had improved their level of exception reporting since the previous inspection. However, some improvements were required in relation to vulnerable adults and for those suffering with poor mental health.
- Overall, we found that the leadership lacked the capacity and strategy to provide effective arrangements and systems, which led to governance, policies and procedural failures.
- The practice had carried out all environmental risk assessments to ensure they safeguarded patients and staff from harm. For example, we found there was an appropriate fire risk assessment, health and safety assessment, Legionella assessment and a Control of Substances Hazardous to Health assessment (COSHH).
- The practice was clean and tidy and aspects of infection prevention control. An infection control audit was carried out during the inspection after this was pointed out to the practice.
- Patient safety and medicine alerts were reviewed and shared amongst the clinical team however they were not actioned and we found patients at risk. Since the previous inspection the practice has reviewed patients at risks and put processes in place to mitigate harm.
- The system for monitoring patients taking high risk medicines still required strengthening. We reviewed 16 patients being prescribed Warfarin, eight patients did not have relevant blood test results recorded on their notes but had been prescribed Warfarin. Since the inspection the practice told us that they had reviewed patients taking high risk medicines and found only one patient that had not received a blood test. We were advised that this patient had been contacted and a

Overall summary

blood test had been requested. The practice had also informed us that they had contacted the local clinical commissioning group to opt out of prescribing high-risk medicines.

- The practice was not equipped to deal with medical emergencies. Since the previous inspections the practice had ordered an oxygen canister that was unsuitable for medical emergencies.
- The practice had reviewed the emergency medicines they stocked however two medicines recommended by guidance, were not being stocked and there was no risk assessment to account for this decision. Since the inspection the practice had purchased the two recommended medicines.
- We found staff had completed most of the required training to meet the needs of their patients. The practice outlined that staff were required to carry out annual information governance training which they had not completed. We also found that the lead GP's basic life support training had not been updated. Since the inspection the lead GP had organised the appropriate training.
- During this inspection we found the lead GP had completed the relevant safeguarding adults training. The GP had also carried out online level 3 safeguarding children's training yet we were unsure that the face to face training had been carried out at level three as required.
- Staff files had been organised however there was no evidence that the lead GP or practice nurse had medical indemnity insurance or correct immunisations. Since the inspection the practice have provided evidence of both.
- Practice policies had been updated and were now unique to the practice.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and we saw information aids to enable staff to deal with the emergencies. However, the practice did not have appropriate equipment on site to respond to these infections. Since the inspection the practice had mitigated risks by ordering the equipment required.
- The practice had identified 0.7% of its practice list as carers by highlighting them during registration and during clinical consultations.
- Staff were aware of local protocols and had adequate knowledge to safeguard vulnerable adults and children.

Staff had carried out safeguarding training however we were unable to distinguish whether the lead GP had received face to face safeguarding children's training at level three.

- Electrical devices had been portable appliance testing and medical equipment had been calibrated since the January 2018 inspection.
- We saw staff treated patients with kindness and respect, and maintained patient dignity and information confidentiality.
- Patients spoke positively about the care they received from the practice, which was in line with the friends and family test and the national GP patient survey data published in July 2018.
- There was evidence of actions taken to support good antimicrobial stewardship. The practice was one of the lowest antibiotic prescribers within their CCG.

Shortly after the inspection and due to the level of risk to patients that we identified, we wrote formally to the provider to establish what immediate action they proposed to take to reduce that risk and to enable us to consider the most appropriate type of enforcement action we would take, if any, to protect patients. The provider replied to us with a satisfactory action plan for improvement in the short term and this meant that more serious enforcement action was not required as the risks were being managed.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Establish effective process to identify carers to enable support and advice to be offered to those that require it.
- Strengthen processes to monitor staff training needs.
- Carry out an annual infection control audit in line with published guidance.
- Establish an organised process to store all relevant documents including staff immunisations and indemnity certificates.
- Improve performance in relation to the number of new cancer cases treated resulting from a two week wait referral.

Overall summary

- Continue to improve the exception reporting rate in relation to patients suffering from poor mental health.

This service was placed in special measures in March 2018. A further inspection was made in June 2018, and the practice remained in special measures. Insufficient improvements have been made such that there remains a rating of inadequate for safe and well-led. As a result of the

current inspection, the practice remains in special measures. We are now taking further action against the provider, Dr Kim Cheung, in line with our enforcement policy and we will report further on this when it is completed.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead Inspector and was supported by a GP specialist adviser, nurse specialist adviser and a second inspector.

Background to Dr Kim Cheung

Dr Kim Cheung, also known as Ash Tree Surgery is located in Stanford-Le-Hope, Essex. The practice has a General Medical Services (GMS) contract with the NHS.

- The practice provides services at Fobbing Road, Corringham, in Stanford-le-Hope, Essex.
- There are approximately 1939 patients registered at the practice.
- The practice is usually managed by a lead GP who is supported by a practice nurses and reception staff. The practice is occasionally supported by a long-term locum GP.
- The practice has low levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area in line with national averages.
- The practice is open between 8am and 6.30pm on weekdays with surgeries running from 9.50am to 6pm.
- Weekend appointments are available via 'Thurrock Health Hubs' a service set up by Thurrock Clinical Commissioning Group (CCG). Patients are able to book through the practice.
- When the practice is closed patients are advised to call 111 if they require medical assistance and are unable to wait until the surgery reopens. The out of hour's service is provided by IC24.

Are services safe?

What we found at the January 2018 and June 2018 inspection

We previously rated the practice and all the population groups as inadequate for providing safe service as systems were ineffective and patients were not mitigated from risk. We found that the lead GP had not carried out relevant training, policies were not specific to the practice, equipment had not been appropriately tested, there were ineffective systems for the safe handling of medicines, the practice was unable to deal with sepsis effectively, patients prescribed high risk medicines were not being adequately reviewed and environmental risk assessments had not been carried out. In June 2018 we found the practice had made some improvements however there was still insufficient medicines and no oxygen available to deal with emergencies, adult safeguarding training had not been carried out the monitoring of patients being prescribed high risk medicines was ineffective.

What we found at this inspection

We rated the practice as inadequate for providing safe services.

The practice is rated as inadequate for providing safe services as some systems and processes were ineffective and did not mitigate risk. Whilst we acknowledge some improvements have been made since our last inspections of this practice, we were not assured that the improvements that had been made had been embedded and were sustainable.

Safety systems and processes

The practice had improved some of their systems to safeguard patients from abuse however we found the process required strengthening to ensure all aspects of safeguarding kept patients safe.

- Previously we found that practice policies had not been updated and were not specific to the surgery, at this inspection there was an improvement in the policies which were well organised, updated and practice specific. For example, there was a safeguarding adults and children's policy available which contained relevant information.
- At our January 2018 and June 2018 inspection we found that the lead GP had not carried out the required level three safeguarding adults training. During this inspection we found the lead GP had completed the

relevant safeguarding adults training. The GP had also carried out online update level 3 safeguarding children's training, but we were unsure face to face training had been carried out at level three, as required. We spoke to a range of staff members all of which had a clear understanding of protecting vulnerable adults and children.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, during recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control although some areas required strengthening. Cleaning checks had been carried out monthly however the practice had not considered risks to patients by failing to carry out an annual infection control audit. On the day of the inspection the practice nurse provided us with a completed infection control audit with actions to be carried out.
- The practice was able to ensure that facilities and equipment were safe as portable appliance testing (PAT) and calibration tests for equipment had been maintained according to manufacturers' instructions.
- We found there were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how

Are services safe?

to identify and manage patients with severe infections, for example, sepsis. Previously there had been no information aids to help staff diagnose these infections. During this inspection we found information aids were available in the consultation rooms and the reception area. Although the practice had improved their awareness of sepsis, they had not considered the equipment needed to diagnose infections. For example, the practice did not have a thermometer. Since the inspection the practice had ordered the necessary equipment needed to deal with sepsis. When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice nurse would extend her working hours during periods of high patient demand.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information.

Safe and appropriate use of medicines

The practice had systems which had been improved but were ineffective for the appropriate and safe handling of medicines. We found that opportunities to prevent or minimise potential harm to patients had been missed.

- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We previously found that the practice had not considered all medicines recommended by guidance for use in the event of an emergency and had not carried out a risk assessment to determine what type of emergency medicines the practice required and reasons, if necessary, for not stocking them. During this inspection we found some improvement as the practice had updated their stock of emergency medicines however they had not carried out risk assessments for the medicines they felt weren't required. For example,

we found that there were no emergency medicines to treat patients with suspected bacterial meningitis. Since the inspection the practice had stocked all relevant medicines needed during an emergency.

- Staff had received training on cardio-pulmonary resuscitation (CPR) and there was a defibrillator available on the premises. The practice had oxygen available at the practice however it was not suitable for use during emergencies. Following the inspection, the practice had ordered a suitable oxygen cylinder recommended by guidance.
- We found medicines had been stored in accordance with guidance. The fridge temperatures were monitored in line with the practice's cold chain policy.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice was one of the lowest antibiotic prescribers within their CCG.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had processes in place to monitor high risk medicines however we found the system was ineffective to ensure all patients were having regular reviews. We reviewed patients being prescribed Warfarin and found eight patients who had not had the results of their blood test documented before being prescribed Warfarin. Since the inspection, the practice told us they had reviewed the patients being prescribed Warfarin and found only one patient that had not been accurately monitored to which they had taken the necessary steps to mitigate them from risk. We found the practice had effectively monitored patients being prescribed Lithium and Methotrexate.

Track record on safety

The practice had improved the process to monitor their safety records.

- The practice had carried out risk assessments in relation to safety issues. For example, the practice had

Are services safe?

conducted a health and safety and fire risk assessment. A Legionella assessment and a relevant risk assessment for the Control of Substances Hazardous to Health (COSHH) had been completed.

- The practice monitored and review activity to enable them to have an accurate picture of safety improvements.

Lessons learned and improvements made

The practice learned and made some improvements when things went wrong. However, there remained risks to patients because the practice was not acting on patient safety and medicine alerts in an effective way, which put patients at continued risk.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, staff received confidentiality training following two significant events that occurred.
- The system for receiving patient safety and medicine alerts had not improved and we found it was ineffective for mitigating the risks to patients. We found the number of patients that were previously prescribed medicine contrary to guidance had increased since the January 2018 inspection. As part of the action plan the practice sent us following the inspection they had reviewed their process for monitoring patient safety and medicine alerts and strengthened the process for it. They had also contacted all necessary patients to ensure they received the correct reviews.

Please refer to the evidence tables for further information.

Are services effective?

What we found in January 2018

We previously rated the practice requires improvement for providing effective services to all population groups. We found that although the practice had positive QOF outcomes their levels of exception reporting were higher than the local and national averages.

What we found at this inspection

We rated the practice as good for providing effective services overall and across all population groups, except for the vulnerable group, which we rated as requires improvement. Unverified 2017/2018 data showed the practice had reduced their exception reporting levels for the majority of long term conditions.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 100% which was above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice provided a maternal six-week postnatal check with an emphasis on mental health and contraception and an eight-week baby developmental check.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 88%, which was above the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

We rated this population group as requires improvement in relation to data from the Quality and Outcomes framework, which identified that the number of new cancer cases treated resulting from a two week wait referral, was below the local and national average.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Vulnerable patients were given priority appointments which are often extended to a twenty-minute appointment or longer if required.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice had improved the exception reporting rate for QOF data relating to patients suffering from poor mental health, but further improvements were required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed two audits in the last year. Where appropriate, clinicians took part in local and national improvement initiatives. We reviewed both audits, one relating to the prescribing of an antibiotic medicine and the other relating to appointment waiting times. Both audits had highlighted changes to improve clinical performance, overall conclusions showed improvement to their clinical performance. Since our previous inspection the practice had not carried out any other audits to drive improvements.

- Unverified 2017/2018 Quality and outcome framework (QOF) data showed that the practice had improved on data from 2016/2017 and had increased their achievements for all of their indicators.
- Unverified 2017/2018 data showed that the overall exception rates for individual indicators had reduced from the previous year.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and although staff were provided with protected time to carry out training, we found since the previous inspection the practice had implemented a training matrix. All staff had carried out their training apart from information governance which the practice outlined had to be completed annually. We found that the lead GP had not carried out the relevant basic life support training which had expired in March 2018. Since the inspection the lead GP has organised the appropriate training.
- The practice nurse kept an up to date record of skills, qualifications and training. Staff were encouraged and given opportunities to develop.

Are services effective?

- Staff files had been organised however there was no evidence that the lead GP or practice nurse had medical indemnity insurance or correct immunisation. Since the inspection the practice have provided evidence of both checks.
- The practice provided staff with ongoing support. This included appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians partially assessed a patient's mental capacity to make a decision but were unable to support patients fully as they had limited understanding of the core principles.
- The practice monitored the process for seeking consent appropriately.
-

Please refer to the evidence tables for further information.

Are services caring?

Good

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results published in July 2018 were above the local averages for all indicators relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Are services effective?

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them, although the practice had only identified 0.7% of their practice population.

- The practice's GP patient survey results published in August 2018, were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results published in July 2018 were above the local averages for all indicators relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them, although the practice had only identified 0.7% of their practice population.
- The practice's GP patient survey results published in August 2018, were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services, except for the long-term condition group, which was rated as requires improvement.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences and understood the needs of the population groups.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests, advice services for common ailments). However, the practice had decided to opt out of prescribing and monitoring some medicines to patients and this limited some of the services provided.
- The practice enabled patients to make advance bookings.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, extra nurse's clinics were added during the winter season to accommodate the demand of flu vaccinations.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

We rated this population group as requires improvement due to the lack of an effective system to manage high-risk medicines.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Patients could request a longer appointment if required.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary or directed to other services if needed.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice currently did not offer extended hours however the clinicians would accommodate urgent requests.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice referred patients to local services if needed.
- The practice held a monthly vulnerable adults meeting. Vulnerable patients who did not attend appointment were followed up with a telephone call.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. We reviewed the next available appointment and found there were appointments for the GPs and nurses within the week.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice's GP patient survey results published in 2018 were above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed the complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from the concerns and complaints. It acted as a result to improve the quality of care. For example, NICE guidance had been implemented as a result of a complaint.

Are services well-led?

What we found in January 2018 and June 2018

We found that the practice had failed to maintain good governance and leadership which resulted in safety concerns for patients. Environmental risk assessments had not been completed, leaders failed to review, update and organise policies for staff to refer to, patient safety and medicine alerts had not been monitored and the leaders had a lack of oversight of the risks that were apparent at the practice.

What we found at this inspection

We rated the practice as inadequate for providing a well-led service.

Whilst we found there had been some improvements made since the January 2018 inspection, all risks to patients had not been fully mitigated. There were inadequate systems and processes in place to maintain safe treatment and the provider failed to address all concerns highlighted at the previous two inspections.

Leaders had the experience and skills to deliver quality care however they did not have the necessary capacity or capability to deliver the practice strategy, we found that staffing shortages had led to risks to patients not being identified. Since the January 2018 inspection the lead GP had been absent from the practice for several months, during this period the practice nurse had been given the responsibility to drive improvements. We found that although there had been some improvement, it was not sufficient to mitigate risks to patients.

Leadership capacity and capability

Leaders had some skills to deliver quality care, however they lacked capacity to provide sustainable care.

- As risks were not mitigated for concerns directly related to patient safety, the practice failed to prioritise and show understanding relating to the quality and future of services. For example, they had failed to ensure patient's safety by ensuring they had all relevant emergency medicines.
- Leaders at all levels were visible and approachable when all were present at the practice. However, the recent absence of the lead GP meant that this could not be satisfactorily achieved. They worked closely with staff

and others to make sure they prioritised compassionate and inclusive leadership. We spoke with staff on the day who stated they were satisfied with the leadership whilst the lead GP was absent.

- The practice had ineffective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice was considering joint working with other local GP practice in the area to help manage work load.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients however they were no effective approach to monitor, review or provide evidence of progress against delivery of the strategy.

- The strategy was not underpinned by plans for high-quality and sustainable delivery, and it did not reflect the health economy in which the service works.
- There was a vision and set of values however the practice had not put in place realistic strategies to support business plans and to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had shown minimal evidence of how it monitored progress against delivery of the strategy to show improved outcomes for their patients.

Culture

The practice promoted a culture of high-quality sustainable care however actions since the previous inspection did not support high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice as the practice focused on the needs of patients.
- Staff we spoke with said leaders acted in a way that was consistent with the vision and values of the practice. However, we found areas of concern had been identified, the action taken to remedy them was not consistent with the vision and values of the practice.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so even during the period where the lead GP was absent. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. All staff had received regular appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were considered valued members of the practice team. Professional development and evaluation of their clinical work was encouraged.
- There was an emphasis on staff well-being and there were positive relationships between staff and teams.
- The practice promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

The governance arrangements at the practice had been outlined to staff however we found that arrangements were ineffective. There was little evidence of the leaders driving improvements or assessing key systems such as the strategy, values, objectives, plans or the governance framework.

- Structures, processes and systems to support good governance and management had changed during the absence of the lead GP and we found they were ineffective in some areas. Risks relating to clinical emergencies highlighted during the January 2018 inspection had not been fully assessed or resolved.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Practice leaders had established policies which had been updated and contained relevant information for staff. We found some of the procedures and activities to ensure safety were not being used appropriately. For example, the process of receiving, actioning and documenting safety alerts.

Managing risks, issues and performance

There was still little understanding or management of risks and issues, and there were significant failures in performance management, audit systems and processes. Action plans that had been formulated as a result of the inspections had not been fully reviewed, completed or complied with.

There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, patient and medicine safety alerts had not been monitored appropriately resulting in patients being put at potential risk.

The practice had achieved high clinical patient outcomes. The national GP patient survey results published in July 2018 found patients were satisfied with the care and treatment they had received.

The practice had processes to manage current and future clinic performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was little evidence that other areas not related to clinical performance were assessed or managed well.

Practice leaders had oversight of incidents and complaints. The practice had not modified the system in place to review MHRA alerts which, once again, led to searches not being carried out or documented and risks to patients not being mitigated.

The clinical audit that they had carried out had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. However, the practice had not considered other areas of audit which they might benefit from.

The practice had plans in place and had trained staff for major incidents.

The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice had not acted on appropriate and accurate information received by external stakeholders.

- Patient quality information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

- Operational information was not utilised effectively to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information however we found staff had not acted on the information available to them.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Although there were plans to address identified weaknesses, we found that these plans were not followed and concerns were not appropriately dealt with.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted relevant patient data or notifications to external organisations as required. However, we found the practice had not submitted relevant notifications to the CQC within the appropriate time scale.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had taken the initiative to carry out full diabetic checks including administering insulin as patients wanted their care to be carried out by their GP and not by the local hospital.
- There was not a formal patient participation group. The practice had advertised to form a group.
- Since the practice had been placed into special measures we found they had not engaged well with stakeholders to promote a transparent, collaborative and open approach regarding performance.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation but this required strengthening in relation to the identification and management of risks to patients.

- We did find however, examples of learning and improvement within the practice. For example, the practice had trained their receptionist to conduct and monitor alerts to improve prescribing and encourage an efficient way of highlighting risks. We spoke with staff on the day who told us they enjoyed expanding and improving their roles.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.